

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000086980**

1. Entity Name

N. P. Tiles, Corp.



FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90033 030 ***150.00

Principal Place of Business

Mailing Address

11695 NW 2ND ST., SUITE 207 MIAMI FL 33172

11695 NW 2ND ST. SUITE 207 MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0549585**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, NOLAN

Name

11695 NW 2ND ST., SUITE 207 MIAMI FL 33172

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/S/T** ☐ Delete
NAME **PEREZ, NOLAN**
STREET ADDRESS **11695 NW 2ND ST, SUITE 207**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/16/01 305 553-7689

CR2E034 (11/00)



Attachment A008242,
Doc # P94000086980

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 6, 2001

N.P. TILES, CORP.
11695 NW 2ND STREET
SUITE 207
MIAMI, FL 33172 US

SUBJECT: N.P. TILES, CORP.
Ref. Number: P94000086980

We have received your document for N.P. TILES, CORP., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$150.00.

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott
Document Specialist

Letter Number: 701A00045153